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## Learning Needs Assessment of CRNA Clinical Instructors

Karen Kapanke  
*DePaul University*

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Learning Needs Assessment of CRNA Clinical Instructors

Karen Kapanke, CRNA, MS

DePaul University

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### **Abstract**

**Background/Significance:** Clinical instruction in nurse anesthesia often involves Certified Registered Nurse Anesthetists (CRNA) "teaching as they were taught", lacking a current curricular framework or training in clinical education. This gap between classroom and clinical setting is well documented in the literature. While studies concur formal educational programs for clinical instructors are lacking, very few needs assessments based on current evidence exist.

**Purpose:** The aim of this project was to assess the learning needs and perceived challenges of CRNA clinical instructors. A learning needs assessment of CRNA clinical instructors in a large academic institution affiliated with a school of nurse anesthesia was performed.

**Methods:** A descriptive, cross-sectional design was used.

**Results:** Twenty-two CRNAs participated in this electronic survey. More than half of the participants stated they would be willing to participate in clinical instructor training. Offering continuing education credits further increased likelihood of participation. "Motivating and challenging trainees to enhance performance" was identified as the topic of most interest. "Distraction from patient care" and "time pressure" were identified as the most frequently faced challenges.

**Conclusion:** CRNAs identified topics of interest and challenges in the learning needs assessment. The information gleaned from the survey may be used in the future to develop learning modules for training CRNA clinical instructors. Based on the findings of the survey in this project, an educational program for CRNA clinical instructors is proposed.

**Keywords:** clinical instructor, mentor, nursing preceptor, needs assessment, learning needs, nurse anesthesia education, clinical education

## **Background and Significance**

### **Introduction to the Problem**

Clinical education is an essential element of nurse anesthesia education. Clinical education is the platform upon which Nurse Anesthesia Trainees (NATs) build and synthesize knowledge and apply it directly in the patient care environment (Hartland and Londoner, 1997). Clinical instruction of anesthesia students also involves socialization into the role of the CRNA (Hartland & Londoner, 1997), and into the health care culture at large (Jones-Boggs Rye and Boone, 2009). In the United States' 114 schools of nurse anesthesia, (AANA, 2015), CRNAs work with NATs to provide care for patients who require anesthesia. However, like many clinical instructors in nursing and other health care disciplines, most CRNAs have not received formal training in the clinical education of NATs (Davidson and Rourke, 2012). The importance of clinical education is rooted in adequate preparation of new practitioners in "real life" clinical settings, as well as in clinical instructor support and satisfaction. A poor clinical experience can lead to learner disappointment, disengagement and potential attrition from the professional program (Jones-Boggs Rye & Boone, 2009). Additionally, clinical instructors lacking training and support may be "set up to fail" at the critical task of educating the next generation of practitioners (Jones-Boggs Rye & Boone, 2009). The lack of formal education for clinical instructors, both in nursing and other disciplines such as medicine, physician assistant, respiratory therapy, and pharmacy is well documented in the literature. While there have been attempts to formalize instruction for clinical educators and provide training in various ways, to date only a

few reports appear in the literature (Davidson & Rourke, 2012), and their results are difficult to generalize as they each focus on different and specific aspects across several disciplines. Corroborating this, Cangelosi, Croker, and Sorrell (2009) discuss the lack of research about educating clinicians specifically for clinical instruction roles. The role of clinical instructor may be new and unique for even the most seasoned clinician.

Nurse anesthesia educational programs have increased in number nationwide over the past 10 years. In that time, 20 new programs have been accredited (aana.com, 2015). As the number of programs increases, so does the number of NATs in need of clinical instruction. McDonough and Osterbrink (2005) articulate this in their statement that “many CRNAs who previously had been exclusively involved in providing patient care are now becoming involved in clinical education” (p. 89). These CRNAs, though expert clinicians, find themselves inexperienced and untrained in clinical instruction. Gilbert and Womack (2012) state that most nurses enter instructor roles as experts in the clinical field, but novices in clinical instruction. The role of clinical instructor involves a different fund of knowledge and different set of skills than the role of clinician (McDonough & Osterbrink, 2005). Lacking a knowledge base and skill set for clinical education can further compound the well-documented stressors of clinical education including increased workload, decreased productivity, and lack of compensation (Brooks and Niederhauser, 2010). Sawatzky and Enns (2009) state, “...most nurses are inadequately prepared for the multiple roles and expectations of academia” (p. 145). They describe most current clinical nursing education as “teaching on the job” (p. 146), or teaching as they were

taught. Without a current curricular framework for clinical education, CRNA's who may be expert clinicians, yet novice instructors, are often thrust into an environment in which they are unprepared to meet the needs of the NAT as a learner. The need to bridge the "academic and practice gap" (Brooks & Neiderhauser, 2010, p. 577) presents an opportunity to assess and address the learning needs and perceived challenges of CRNA clinical instructors.

### **Problem Statement**

The literature demonstrates a need for more formal education of clinical instructors. But what do clinical instructors need? In their survey of the learning needs of clinical nursing instructors, Davidson and Rourke (2012) noted that although there is unanimous agreement in the literature about the lack of formal education for clinical instructors, very few needs assessments have been done. While many needs assessments from the student perspective exist in the literature, very few exist from the perspective of the educator (Omansky, 2010). Before developing a plan or a program to educate clinical instructors, an assessment of the needs of those instructors must be done (Phillips, Wilkinson, and Buck, 2012). The current evidence highlights a lack of educator needs assessments in the literature (Omansky, 2010).

The focus of this project is to conduct a learning needs assessment of CRNA clinical instructors at a large teaching institution. The needs assessment sought to identify the learning needs of CRNA clinical instructors, and provide a platform for the future development of educational modules to meet those needs.

**Study Purpose**

The purpose of this Doctorate of Nursing Practice (DNP) project was to determine the learning needs and perceived challenges of CRNAs in the NorthShore University HealthSystem Department of Anesthesia as they relate to working with NATs. This project aimed to assess those learning needs and perceived challenges by asking CRNAs to complete a survey. The survey also collected demographic information to help identify trends and correlations. Assessing learning needs and perceived challenges of CRNA clinical instructors may provide a platform for the future development of educational modules for CRNA clinical instructors working with NATs.

**Clinical Questions**

This project was aimed at answering the following questions:

1. What are the learning needs of the CRNA clinical instructor in the NorthShore University HealthSystem?
2. What challenges or issues do CRNA clinical instructors at NorthShore University HealthSystem face?

**Literature Review****Search Method**

The literature search for this project was approached by dividing content into categories representative of the topics involved in this research. Search terms included “clinical instructor”, “mentor”, “nursing preceptor”, “needs assessment”, “learning needs”, “nurse anesthesia education” and “clinical education”. Data bases



searched included CINAHL, PubMed, Cochrane Library, and ProQuest Nursing and Allied Health Source. The search was constrained to articles in peer-reviewed journals from 2000-2015 written in English with full text available. Exceptions were made for four articles published outside of the initial search years because of their continued relevance and value added to the project. Literature reviews, systematic reviews, and original research were included. While most articles included originated in the United States, two studies done outside of the U.S. were included because of their relevance to the project. Editorials, case studies, and anecdotal reports were excluded. The initial search yielded 78 articles, 19 of which were included. A subsequent search focusing specifically on needs assessment of educators in the health sciences yielded eight additional articles. Twenty-seven articles were included for the literature review. Three textbooks were also consulted.

### **Definition of Terms**

In the literature, the terms “preceptor”, “mentor”, “clinical supervisor”, “clinical instructor”, “clinical educator” and “educator” are used interchangeably. Most of the articles reviewed used the term “preceptor” or “mentor”. Faut-Callahan (2001) defines a mentor as an individual who guides or sponsors, and who is a role model. Meno, Keaveny, and O'Donnell (2003) acknowledge that there is some debate over the term “mentor”, and state that the term “educator” is less ambiguous. They go on to state that currently there is no single definition for the term mentor in the nursing or nurse anesthesia community (Meno et al., 2003). Additionally, Meno et al. (2003) state that the concept of mentoring includes precepting, coordinating,

facilitating, and supervising. Omansky (2010) states that a “preceptor” is a person who guides learners from theory to application and who teaches both clinical skills and critical thinking. According to Jones-Boggs Rye and Boone (2009), the act of precepting also includes socializing the learner into the attitudes and behaviors of the occupational role. To clearly differentiate between clinical and didactic educators, the terms “clinical instructor” and “clinical educator” are used in this project and intended to encompass the meaning of “mentor” and “preceptor” as well.

The literature also utilizes two main terms for learners: “student” and “trainee”. In nurse anesthesia, the “student” is actually a licensed professional Registered Nurse at the time they enter their training. This differentiates them from student nurses or graduate nurses. Interestingly, in their needs assessment of preceptors and graduate nurses done in Taiwan, Tsai et al. (2014) refer to the learner as the “little sister” and the educator as the “big sister”. Schools of nurse anesthesia refer to their learners with various terms including “student registered nurse anesthetist” and “resident”. Many schools of nurse anesthesia use the term “Nurse Anesthesia Trainee”. As such, this project refers to student nurse anesthetists as “trainees”.

### **Challenges of Clinical Instructors**

Clinical instruction is a critical component of the education of health care professionals. In order to expose trainees to real life clinical settings, they are paired with a clinical instructor to guide, direct, mentor, and teach them in what are often high-stakes scenarios. Nursing education began using this model in the 1970s to ease the transition of novice nurses from a training environment into the work or

“real world” environment (Omansky, 2010). The early educational model described and utilized by Florence Nightingale paired students with nurses who had actually received training in clinical instruction, or who were in other words, “trained to train” (Omansky, 2010, p. 697).

Today’s clinical instructors face numerous challenges as they attempt to balance the needs of the trainee with the needs of the patients in their care (Hallin and Danielson, 2008). The fast-paced health care environment leaves little time to “train the trainer”. Numerous studies exist in the literature on challenges faced by clinical instructors, and they corroborate one another by demonstrating consistent findings. Clinical instruction is associated with both stress and responsibility (Omansky, 2010). An increased workload coupled with potentially decreased productivity often compounded by no additional pay (Brooks and Neiderhauser, 2010) can “create a breaking point” for the [clinical instructor] (p. 698). Jones-Boggs Rye and Boone (2009) performed a needs assessment of clinical instructors and found that “lack of time and resources, lack of incentive to participate in clinical education, lack of curriculum, and staffing limitations” (p. 871) as the most significant barriers to clinical instruction. Sawatzky and Enns (2009) noted that lack of information on what the role of educator entails, lack of administrative support, and lack of time to fulfill their multi-faceted roles were identified as barriers to clinical instruction. Most clinical instructors are unpaid for their work, which, as demonstrated consistently in the literature, is stressful, time consuming, and challenging. Hetzel-Campbell and Hawkins (2007) found that creating rewards and offering continuing education credits are effective methods of recognizing,

nurturing, and supporting clinical instructors. Such support is critical to the retention of clinical instructors (Hetzel-Campbell & Hawkins, 2007). To this end, Hawkins and Fontenot (2009) surveyed nursing clinical instructors and found that in addition to providing rewards and support, giving choices to instructors regarding student assignments and conflict resolution is key to meeting the needs of instructors. They also found that instructor input on time commitment and student issues demonstrates support needed for effective clinical instruction (Hawkins & Fontenot, 2009).

### **Characteristics of Effective Clinical Instructors**

The most pre-eminent research tool used in nurse anesthesia, related to characteristics of clinical instructors, was developed by Katz over 30 years ago. In 1982, Katz identified 22 characteristics of effective clinical instructors and surveyed nurse anesthesia professionals (trainees, practitioners, educators, and administrators) on their perceived levels of importance. At the time of his original research (published in 1984), all groups surveyed rated all 22 characteristics as critically important in regard to clinical instruction. The characteristics included clinical competence and judgment, flexibility, empathy and respect, evaluation and counseling, scholarly teaching and knowledge, communication skills, and use of student care plans. The landmark research by Katz has served as the platform for subsequent research.

Acknowledging the importance of teaching effectiveness as critical to trainee success, Hartland and Londoner (1997) endeavored to determine if those characteristics, identified by Katz, were perceived differently between nurse

anesthesia program directors, CRNA clinical instructors, first-year anesthesia trainees, and second year trainees. They also examined demographic factors including age, gender, number of years as an instructor, and frequency of work instructing trainees. No significant differences were found in the overall rankings of importance of the characteristics of effective clinical instructors (Hartland & Londoner, 1997). Further analysis of the individual groups did reveal “modest but significant” (p. 549) chi-square test results. For example, program directors rated the characteristic of evaluation and counseling as more important than CRNA clinical instructors did (Hartland & Londoner, 1997). The researchers also found that the demographic variables examined proved very weak predictors of the ranking of the characteristics’ importance on multiple regression analysis. In summary, the work of Hartland and Londoner supported the 22 characteristics of effective clinical instructors, but found little or no difference in rank of importance between nurse anesthesia administrators, trainees, and clinicians.

Recognizing the major changes in healthcare over recent years, Smith, Swain, and Penprase (2011) continued the work of both Katz (1984) and Hartland and Londoner (1997) to assess congruence of perceived characteristics of effective clinical instructors between trainees and instructors. They hypothesized that changes in the health care environment and providers would result in different characteristics being ranked as important between trainees and instructors. Once again using the original 22 characteristics of effective clinical instructors developed by Katz (1984), they asked both CRNA clinical instructors and NATs to rank those characteristics in order of importance. Their findings did not support earlier

findings of Katz and Hartland and Londoner. In their study, CRNA clinical instructors and NATs ranked different characteristics with different levels of importance at a statistically significant level. However, the top five most important characteristics ranked by both clinical instructors and trainees contained three of the same items: clinical competence, calm during times of stress, and appropriately encourages independence. It is interesting to note that both CRNA clinical instructors and NATs ranked use of student care plans as very low in terms of importance (Smith et al., 2011). There were significant differences in methodology between the research done by Hartland and Londoner (1997) and Smith et al. (2011). Hartland and Londoner (1997) randomly sampled a larger population of both front-loaded and integrated programs. Additionally, their survey had a greater response rate. Smith et al. (2011) conducted their research at a single institution with an integrated curriculum design. Despite differences in design and methodology, the data gleaned by Smith and colleagues encourages recognition that what is important to CRNA clinical instructors may not be of similar importance to NATs. To truly meet the needs of the current NAT, CRNA clinical instructors can be more effective when they are at least aware of what is valued by the NAT.

### **Lack of Educational Programs for Clinical Instructors**

Although there is evidence to suggest clinical instructors can benefit from educational programs that meet their needs, (Elisha, 2008) few programs exist, particularly in nursing education. Sawatzky and Enns (2009) describe clinical instruction often occurring as “teaching on the job”, which does little to address the myriad issues associated with clinical instruction. The high pressure environment,

the acuity of patients, the time pressure, and the many roles of the clinical instructor can set both instructor and trainee up for failure (Jones-Boggs Rye & Boone, 2009). Davidson and Rourke (2012) assert that although the nursing literature contains references to orientation programs for clinical instructors, “nearly all of these ...programs are not based on the systemic collection of evidence, but on stake holder assumptions” (p. 2). Such was the case in the needs assessment of clinical instructors of new graduate nurses done by Tsai et al. (2014). In their study, Tsai et al. (2014) found that the needs of the clinical instructors were completely divergent from the nationally mandated orientation program topics in Taiwan. As a result, they found that the current clinical instructor’s orientation program put forth by national statute did not meet the needs of the instructors, and thus the trainees. These findings highlight the caveat that although in some institutions an educational program for clinical instructors may be in place, it may not be rooted in scientific evidence. This clearly establishes the necessity of a needs assessment based on sound evidence to build or initiate an educational program.

### **Needs Assessment of Clinical Instructors**

The challenges of clinical instruction are well documented, and support the concept of a training program or formal education or orientation process for clinical instructors. Furthermore, despite the challenges faced by clinical instructors, few programs exist to address them. A needs assessment is the first step in the development of an educational plan (Phillips et al., 2013). However, very few needs assessments from the perspective of the instructor appear in the literature. In 2012, Davidson and Rourke conducted a literature search that yielded only one validated

needs assessment tool specifically designed for nursing clinical instructors. Because clinical instruction paradigms differ among health care disciplines, it is difficult to generalize the results of existing needs assessments, as they are highly specific to their individual environments. Thus, the issue of the paucity of validated tools is compounded by the lack of generalizability to other settings. Nevertheless, existing needs assessments can be examined to shed light on common themes, challenges, and designs.

In their survey of orientation needs of clinical nursing instructors by Davidson and Rourke (2012), participants unanimously agreed that knowledge about key clinical policies and procedures was important in an educational program. Additionally, clinical instructors in their study identified that access to information on student evaluations and correlation of clinical with didactic material was very important to them. They also stated that information about admission guidelines and introductions to faculty and administration were not important information to include in an orientation program (Davidson & Rourke, 2012). In an effort to develop a program for clinical instructors of pharmacy students, Phillips, Wilkinson, and Buck (2012) conducted a needs assessment to determine the needs of the instructors. Their electronic survey identified challenges including providing feedback, providing effective instruction while meeting employment responsibilities, active teaching methods, motivating students, and learning styles of trainees (Phillips et al., 2012). The needs assessment also identified that acknowledgement of the instructors' work is a key component of an educational program (Phillips et al., 2012). This is consistent with the findings of Hetzel-Campbell & Hawkins (2007)



in their study titled “Preceptor rewards: How to say thank you to the next generation of nurse practitioners”.

In 2009, Jones-Boggs Rye and Boone surveyed clinical instructors in a respiratory therapy training program to determine the need for a training program for clinical instructors with similar findings. Acknowledgement of efforts and workload without compensation, and the need for support from faculty were cited as critical to the success of both learner and instructor. Eighty-one percent of their survey respondents believed a need existed for a standardized instructor training program (Jones-Boggs Rye & Boone, 2009). An educational needs assessment by Crosby and Shields (2010) identified communication, conflict resolution, and information on the multigenerational workforce as key concepts for education. To develop an educational program for CRNA clinical instructors Elisha (2008) performed a needs assessment with the intent of improving the quality of the learning experience of the anesthesia trainee in the clinical setting. The needs assessment identified that active learning constructs such as focus groups, case study discussion, and trigger films were preferable learning formats for the clinical instructors.

### **Program Implementation**

An educational program for clinical instructors formulated from an evidence-based needs assessment can positively impact the instructors, which may translate to an improved clinical experience for trainees. After conducting a needs assessment, Elisha (2008) conducted an eight-hour educational course for CRNA clinical instructors in which he utilized active learning methods such as trigger films,

small group sessions, and case study discussions to determine if participation in an educational program would positively “change [instructors'] beliefs about clinical education and adult learners” (p. 287). The study demonstrated a statistically significant increase in the participants’ perceived knowledge and behaviors towards clinical anesthesia instruction. He also found that the quality and quantity of narrative responses to program evaluation questions improved dramatically when comparing pre-course to post-course (Elisha, 2008). Elisha (2008) stated that this indicated an increase in knowledge gained. Interestingly, he found that although the study demonstrated a statistically significant increase in knowledge, CRNAs were confident in their teaching abilities and were unwilling to change their teaching practices based on student evaluation. However, a post-course follow up assessment revealed a change in opinion with regard to modification of teaching practices (Elisha, 2008).

Hallin and Danielson (2008) implemented a model for clinical instructors (called a preceptor model) and measured the experiences of registered nurses both before and after the introduction of the model. They noted statistically significant improvements in the level of support perceived by the instructors, and noted that instructors felt better prepared for their roles (Hallin & Danielson, 2008). When comparing instructor responses before and after the introduction of the model, they noted the least change in the following areas: workload, and support linking research results to practice (Hallin & Danielson).

Gilbert and Womack (2012) developed a two-day program for orientation of new nurse educators developed from the Core Competencies for Nurse Educators.

Like other programs, theirs was based on the premise that expert clinicians are often novice clinical instructors. Their workshop focused on both classroom and clinical teaching, and participants completed an evaluation at the end of each day. Although the authors' reported positive narrative feedback, their data was not subjected to any statistical tests, and their methodology did not have oversight of any IRB, so for the purposes of this project, this particular work was considered largely anecdotal evidence.

Although limited, the literature documents positive outcomes on clinical instructors when an evidence-based needs assessment is utilized to develop an educational program for clinical instructors in a specific environment. Tailoring of the needs to the unique population of interest is central to the success of the program, as demonstrated by the variety of studies in nursing and other health care fields. While different in function and scope of care provided, common themes emerge about characteristics of successful and effective instructors, challenges faced by instructors, and learning needs of those instructors. The synthesis of this evidence forms the basis for this proposed Learning Needs Assessment of CRNA Clinical Instructors.

### **Theoretical Framework**

While CRNA clinical instructors are expert anesthesia providers, most can be categorized as novice instructors, lacking any formal training in clinical instruction (McDonough & Osterbrink, 2005). Elisha (2008) states that CRNA clinical instructors are experts at providing high-quality patient care, but notes that "becoming an expert educator requires practical knowledge that may not be [their]

primary focus” (p. 287). Without the information and skill set to support the educator role, expert clinicians find themselves as novice clinical instructors.

Benner’s Novice to Expert Model explains the phenomenon of professional development (Benner, 1984). Benner’s model describes the process by which nurses’ skills and judgment evolve from novice nurses into experts. The model developed by Benner (1984) depicts nurses moving through five stages of professional development as they acquire new knowledge and skill. The stages on the continuum are novice, advanced beginner, competent, proficient, and expert ([www.currentnursing.com](http://www.currentnursing.com), 2015). The novice nurse is on one end of the continuum and has no situational experience and as such lacks confidence to perform and demonstrate safe practice and requires continual verbal cueing ([www.health.nsw.gov](http://www.health.nsw.gov), 2015). The expert nurse is on the other end of the continuum and demonstrates an intuitive grasp of situations rooted in deep understanding based on previous experiences ([www.health.nsw.gov](http://www.health.nsw.gov), 2015). Unlike the novice nurse, the expert nurse can utilize well developed analytical thinking to manage situations that are unfamiliar ([www.health.nsw.gov](http://www.health.nsw.gov), 2015). In understanding Benner’s Novice to Expert model, it is clear that the continuum of professional development is cyclical. Each time a nurse is faced with acquiring new knowledge or asked to function in a new role, the process starts over and the expert once again becomes a novice.

Many studies in the literature acknowledge that expert clinicians often have little or no experience or formal education in clinical instruction. Elisha (2008) noted that clinical experts lack a skill set and information needed to be effective

clinical instructors. McDonough and Osterbrink (2005) also state that increasingly more CRNAs are placed into a clinical instructor role lacking knowledge about the teaching and learning process. Application of Benner's Novice to Expert model to the expert clinician becoming a novice instructor sheds light on the need for formal education of clinical instructors from a theoretical perspective. Understanding that these experts are once again in a novice role is a call to action to develop an educational program to meet the needs of the CRNA clinical instructor.

Application of the Novice to Expert model does not end with the clinical instructor going from expert back to novice, however. Current research has built upon the original theory and shows in more detail that the learning needs of experts differ from that of novices. It is important to mention that not all clinical instructors are indeed experts. In their study examining nurses' experiences before and after the introduction of a preceptor model, Hallin and Danielson (2008) note that high staff turnover prevented them from surveying the same nurse's pre and post intervention. This suggests that newer clinicians are also being placed in a preceptor role, even *before* they become experts. To this end, an educational program for clinical instructors must take into account an audience that is on varying degrees of the novice to expert continuum. Daley (1999) expounded upon Benner's framework and further explored differences between the learning styles of novices and experts. Her results showed that novice learning is rooted in formation of concepts, fear principles ("I'm afraid I'll hurt someone"), and a need for validation of their learning process (Daley, 1999). Experts, on the other hand learn by relating past experiences to new ones, and drawing upon knowledge gained in the past,

according to Daley (2005). Daley (2005) goes on to note that experts prefer to share information through dialogue and discussion as opposed to novices who prefer formal course and book work. These documented differences in learning styles are the foundation of this projects' survey questions related to preferred method of instruction.

While Benner's model provides the theoretical framework behind the needs assessment, another paradigm provides the framework for the survey itself. The needs assessment survey is guided by the constructivist paradigm, as it seeks to gain understanding of what CRNA clinical instructors perceive as educational challenges in their environment. Constructivist theory asserts that each stakeholder sees reality from his or her own perspective; and as such, objectivity is impossible (Fitzpatrick, Sanders, and Worthen, 2012). In addition, constructivism focuses on "local" knowledge, as opposed to overall generalizability (Fitzpatrick, et al., 2012, p. 116). This project's focus on understanding the perceived needs of CRNA clinical instructors at a specific institution demonstrates constructivist paradigm as it's' framework.

The Learning Needs Assessment of CRNA Clinical Instructors in this Doctorate of Nursing Project was developed upon a sound, thorough literature review and guided by the Novice to Expert theoretical framework and constructivist paradigm. The framework, paradigm, and related research provide a long-standing and widely accepted theoretical basis for this project.

## **Project Design**

### **Methods**

This descriptive, cross-sectional study assessed the learning needs and perceived challenges of CRNA clinical instructors in the department of anesthesia at a large academic institution that houses a school of nurse anesthesia. In addition, the project gathered demographic data from each participant in an effort to gain further insight on the topic.

### **Target Population**

A purposive sample of the CRNAs in the NorthShore University HealthSystem Department of Anesthesia was utilized for this project. The project's recruitment email/information sheet (Appendix D) and a secure link to the electronic survey (Appendix A) were sent via email to all CRNA members of the NorthShore University HealthSystem Department of Anesthesia. Because the survey was sent electronically, participants were free to take the survey in the setting of their choice.

Inclusion criteria were: 1) CRNAs and 2) members of the NorthShore University HealthSystem Department of Anesthesia. Any non-CRNAs or non-NorthShore University HealthSystem Department of Anesthesia member were excluded.

At the time of the survey, there were 62 CRNA members of the NorthShore University HealthSystem Department of Anesthesia. These 62 CRNAs represent the population of interest for this project.

**Survey**

This project utilized a survey entitled “Learning Needs of the CRNA Clinical Instructor”, developed using Qualtrics software by the researcher. The 21 items in the survey were developed based on an extensive literature review that examined needs assessments, barriers and facilitators to clinical education, and common themes in nursing clinical education and instruction. Questions related to characteristics of effective clinical instructors were adapted from landmark research supported by subsequent studies over time done specifically in the field of nurse anesthesia. Demographic information collected by this instrument was used in similar needs assessments in nurse anesthesia and other health care fields. Each item in the survey was identified in the literature review as a challenge or area of interest for clinical instructors. Some survey items were adapted from existing needs assessments, but due to the lack of validated tools overall, and specifically germane to nurse anesthesia, an original survey was developed.

**Data Collection**

The researcher sent the email with the secure survey link and information sheet to the practice administrator of the department of anesthesia, who forwarded the email to all department CRNAs. The survey was emailed once. A reminder email was sent to subjects two weeks after the initial email. Data was collected over a four-week period.



## Findings

### Description of Sample

A total of twenty-two CRNAs participated in this survey, which inquired about the learning needs and perceived challenges experienced as CRNA clinical instructors. Nineteen of the 22 (86.4%) were female. More than 50% of the participants were over the age of 45. Among the age groups listed in Table 1 below, the largest group of participants came from the 55-64 year old age group (36.4%). The majority of participants (63.6%) had more than 10 years of working experience. Table 1 describes the demographics of the sample.

Table 1  
*Description of Sample (N=22)*

Variable	Number (N)	Percent (%)
Gender		
Male	3	13.6%
Female	19	86.4%
Age (years)		
25-34	4	18.2
35-44	6	27.3
45-54	3	13.6
55-64	8	36.4
65 and above	1	4.5
Work Experience (years)		
1-3	2	9.1
4-6	4	18.2
7-10	2	9.1
More than 10	14	63.6

### Learning Needs

***Clinical Instructor Training Background.*** The learning needs assessment survey of CRNA clinical instructors began with an assessment of prior clinical instructor training either in the CRNA's current position, or in anesthesia school. As

seen in Table 2, the vast majority of participants had not received any clinical instructor training in either anesthesia school or their current position. Table 2 shows the CRNA clinical instructor's background of any prior clinical instructor training.

Table 2  
*Clinical Instructor Training Background (N=22)*

Variable	Number (N)	Percent (%)
Received clinical instructor training in anesthesia school		
Yes	2	9.1%
No	19	86.4%
No response	1	4.5%
Received Clinical Instructor Training in current position		
Yes	3	13.6%
No	19	86.4%

Although 95% (21 out of 22) participants stated they worked with NATs, most had never received training on clinical instruction of NATs. When asked if they would be likely to participate in clinical instructor training, more than half of participants (54.5%) stated they would be either likely or very likely to participate (Table 3). Only four participants (22.7%) stated they would be unlikely or very unlikely to participate in clinical instructor training.

Table 3  
*Likelihood of Participation In Training (N=22)*

Variable	Number (N)	Percent (%)
Likelihood in participating in clinical instructor training		
Very unlikely	1	4.5%
Unlikely	3	18.2%
Undecided	6	27.3%
Likely	7	31.8%
Very likely	5	22.7%

***Clinical Instructor Training and CE.*** Offering continuing education credits (CE) for participation in clinical instructor training increased the likelihood that the survey participants would participate in clinical instructor training. When offered CE for participation in clinical instructor training, 77.2% of participants stated they would be either likely or very likely to participate (Table 4). Three of the 6 participants who were undecided about their likelihood of participation in clinical instructor training stated that they would participate if CEs were offered. Based on the findings from this study, offering CE for participation in clinical instructor training, may be an effective means of increasing likelihood of participation, as a well as a way to reward the instructors.

Table 4

*Likelihood of Participation In Training if CEs Offered (N=22)*

Variable	Number (N)	Percent (%)
Likelihood in participating in clinical instructor training if CEs offered		
Very unlikely	2	9.1%
Unlikely	0	0%
Undecided	3	13.6%
Likely	6	27.3%
Very likely	11	50.0%

**Further Needs Assessment**

Participants in the survey were asked about their preference of instructional method in receiving clinical instructor training. Participants were asked to select one or more of the following instructional methods as their preferred way of participating in clinical instructor training: online, in-person class, or focus group. Those three methods are commonly used instructional methods in the development of a CRNA educational program. Although more participants selected “online module” as the preferred instructional method (15 out of 22), both in-person class and focus groups produced similar responses: 12 out of 22 and 14 out of 22 respectively (table 5). Knowledge of the preferred instructional method for the group of CRNAs may provide useful information for the future development of an instructional module tailored to meet their needs based on the results of this survey.

Table 5:

*Preferred instructional method (N=22)*

Instructional Method	Number (N)	Percent (%)
Online module	15	68.1%
Focus group	14	63.6%
In-person class	12	54.5%

### **Topics of Interest In Training**

Participants in the survey were asked to identify topics of interest. The list of topics was developed from the current body of evidence on CRNA and other nursing and health care clinical instruction needs assessments. Participants were asked to select one or more of the topics of interest listed in Table 6.

“Motivating and challenging trainees to enhance performance” was identified as the topic of most interest (18 out of 22). Other frequently selected topics of interest included “characteristics of excellent clinical instructors” (17 out of 22), “learning styles of nurse anesthesia trainees” (16 out of 22), “remediation issues with struggling trainee” (16 out of 22), and “providing feedback” (15 out of 22). “Key clinical policies and procedures” and “meeting employment responsibilities while...educating trainees” were the least selected topics. In addition to the listed topics of interest, the survey contained an open text box for participants to list other topics. One comment was entered in this area and expressed interest in knowing more about faculty expectations of the instructor, and information about curriculum progress of the trainees.

Table 6  
*Topics of interest (N=22)*

Topic	Number (N)	Percent (%)
Motivating and challenging trainees to enhance performance	18*	81.1%
Characteristics of excellent clinical instructors	17*	77.2%
Learning styles of nurse anesthesia trainees	16*	72.7%
Remediation issues with struggling trainees	16*	72.7%
Providing feedback	15*	68.1%
Debriefing after the clinical day	12	54.5%
Generational difference between student and instructor	11	50.0%

Meeting employment responsibilities while effectively educating trainees	7	31.8%
Key clinical policies and procedures	6	27.2%

*Note:* \* Indicates top 5 items

### **Challenges and Issues**

An integral part of this learning needs assessment was an attempt to identify challenges and issues faced by CRNA clinical instructors. The review of the literature identified commonly faced challenges, which were listed on the survey, and participants were asked to select one or more from the list, which appears in Table 7. “Distraction from patient care” and “time pressure” were identified by more than half (59%) of the participants as challenges. “Stress” and “burnout” were the second most frequently selected items by seven out of 22 participants. “Unclear expectations” and “increased workload”, followed by “lack of appreciation” and “decreased productivity” were selected by less than 30% of participants. An open text box was provided for participants to report other challenges. One comment noted, “In fast-paced situations, a student slows me down”. A second comment stated that surgeons and anesthesiologists sometimes become angry at CRNAs who are precepting NATs.

Table 7  
*Challenges faced by clinical instructors (N=22)*

Challenge	Number (N)	Percent (%)
Distraction from patient care	13*	59%
Time pressure	13*	59%
Burnout	7*	31.8%
Stress	7*	31.8%
Increased workload	6	27.2%
Unclear expectations	6	27.2%
Decreased productivity	4	18.1%
Lack of appreciation	4	18.1%
Lack of support	3	13.6%
None	2	9.0%

*Note:* \* Indicates top 4 items

Participants in the learning needs assessment survey were provided a list of characteristics of NATs that may present a barrier or a challenge to clinical instruction. They were asked to select which ones they felt apply to NATs. Table 8 describes the results. The majority (15 out of 22) participants selected “life experience” as a characteristic unique to NATs. NAT as “multi-taskers” was another commonly identified characteristic by nine out of 22 participants. Seven out of 22 participants selected “Outside commitments” as a characteristic unique to NATs. “Rigidity” was the least selected characteristic: 1 out of 22 participants. An open-text box was added to this survey item to allow participants to add additional characteristics. Two comments stated that NATs are motivated to learn. Another comment stated that NATs possess a “sense of entitlement” and are “less receptive to feedback”. Understanding the CRNA clinical instructors perception of characteristics unique to NATs may be useful in addressing the challenges related to working with NATs specific to the NorthShore sample population.

Table 8

*Characteristics of Nurse Anesthesia Trainees (N=22)*

Characteristic	Number (N)	Percent (%)
Life experience	15*	68.1%
Multi-taskers	9*	40.9%
Outside commitments	7*	31.8%
Flexibility	6	27.2%
Strong sense of self	6	27.2%
Rigidity	1	4.5%

Note: \* Indicates top 3 items

**Perceived Qualities of an Effective Clinical Instructor**

To identify qualities of effective clinical instructors reported by CRNAs, finally the learning needs assessment survey provided participants with a list of qualities indicating an effective clinical instructor. Participants were asked to select one or more qualities, listed below on Table 9. Every participant selected “calm during times of stress”, “communication skills” and “clinical competence” as a qualities of an effective clinical instructor. “Scholarly knowledge” and “use of student care plans” were the least often selected items. In the open text-box of this survey item, one participant added “patience” as an additional characteristic.



Table 9

*Perceived qualities of an effective clinical instructor (N=22)*

Quality	Number (N)	Percent (%)
Calm during times of stress	22*	100%
Communication skills	22*	100%
Clinical competence	22*	100%
Empathy/respect	18	81.8%
Evaluation/counseling	15	68.1%
Motivates students	15	68.1%
Sense of humor	12	54.4%
Use of student care plans	11	50%
Scholarly teaching/knowledge	10	45.4%

Note: \* Indicates top 3 items

## Discussion

### Sample

Comparison of the demographics of this project's sample to the national population of CRNAs revealed both differences and similarities. Nationally, male and female CRNAs are more evenly represented than this project's sample. According to the annual membership survey of the AANA, 58% of CRNAs are female, and 42% are male (AANA, 2015). While the gender distribution in the NorthShore sample was not representative of the national population of CRNAs, the age of this project's sample was more closely representative of the national CRNA population. Like this project's sample, more than 50% of CRNAs nationally are over 45 years of age (AANA, 2015). Additionally, in the national CRNA population, the largest group of CRNAs is between 55-64 years of age (52%) (AANA, 2015). Nationally, CRNAs with more than 10 years of experience represent the majority (54%) of the

population (AANA, 2015). This project's sample is similar in terms of years of working experience, with 63.6% of participants having more than 10 years of working experience.

### **Learning Needs Assessment**

***Clinical Instructor Training Background.*** The majority of participants did not have any background with training in clinical instruction of NATs. This corroborates previous findings with similar results. All but one of the participants worked with NATs, yet most had never had any training in clinical instruction. This “teaching as they were taught”, though common in nursing and healthcare education, is not optimal, and the need for formal training in clinical instruction is well established in the literature. With most participants never receiving training in clinical instruction, the learning needs assessment next addressed the important issue of *how likely* would those CRNAs be to participate in training if offered. More than 50% of participants stated they would be either likely or very likely to participate. This demonstrates an interest in training in clinical instruction among CRNAs in this project's sample.

***Clinical Instructor Training and CE.*** Acknowledging that most clinical instructors do not receive additional compensation or tangible rewards for their efforts, Hetzel-Campbell and Hawkins (2007) suggest offering of CE in exchange for both clinical instruction hours and participation in clinical instructor training as a way to support, encourage, and reward clinical instructors. The findings of this survey support this assertion. Likelihood of participation in clinical instruction training increased significantly when CEs were offered. Interestingly, one half of

the “undecided” participants changed their response to “likely” or “very likely” to participate in training if CEs were offered. This data indicates that offering continuing education credits for participation in clinical instructor increased the likelihood that the survey participants would participate in clinical instructor training.

### **Further Needs Assessment**

The needs assessment survey contained three items that addressed *how* CRNA clinical instructors prefer to receive information. The three methods of instruction were: online modules, in-person class, and focus group; all commonly used educational platforms. Although results were distributed almost evenly among the three methods, slightly more participants expressed preference for online modules and focus groups. These findings support previous findings by both Phillips, et al. (2012), and Elisha (2008) who report clinical instructor preference for active teaching methods such as focus groups. The information about participant’s preferred learning method will be useful in planning the format of future educational programs for CRNA clinical instructors.

### **Topic of Interest in Training**

An effective educational program for CRNA clinical instructors should address topics of interest to that specific group. The top five topics of interest included motivating and challenging trainees to enhance performance, characteristics of effective clinical instructors, remediation, learning styles of trainees, and providing feedback. Identifying topics of interest to CRNA clinical

instructors will allow for the development of a future educational program to meet this group's specific needs.

### **Challenges and Issues**

Participants identified distraction from patient care, time pressure, stress, and burnout as the challenges most often faced. Although most preceptors identify a desire to help trainees increase knowledge and skill, and report enjoying teaching, they consistently identify common challenges (Brooks & Neiderhauser, 2010). In addition to time and production pressure, clinical instructors note gaps in communication between schools and clinical environment to be a critical challenge (Brooks & Neiderhauser, 2010). The gap between theory and practice is another challenge for clinical instructors (Hallin & Danielson, 2008). These gaps underscore the importance of the clinical instructors need for support, and the obligation of the educating institution to provide it. A future educational program that acknowledges these specific challenges and seeks to address them may prove meaningful for CRNA clinical instructors.

Landmark research done by Katz over 30 years ago identified unique characteristics of both CRNAs and trainees that could be considered as a facilitator or a barrier (challenge) to nurse anesthesia education (Katz, 1982). Since then, several other researchers have utilized, adapted, and refined the characteristics identified by Katz. Most recently, Smith, et al. (2011) identified unique characteristics of both CRNAs and trainees that may present a challenge in the context of the current healthcare environment. Sixty-eight percent of participants

identified “life experience” of NATs as a quality unique to NATs that may present a barrier or challenge to clinical instruction. Of note, the quantity of life experience was not specified, so it is unclear if the issue of life experiences stems from NATs having more or less life experience compared to other learners. Forty percent of participants identified NATs as multi-taskers. It is interesting that although multi-tasking is inherent in the nature of CRNA practice, participants noted this quality as a potential challenge to clinical instruction. One comment in the open-text box for this survey item stated that the participant only worked with NATs, and not other learners. Although this participant (and potentially others) felt unable to compare NATs to other learners, clinical instructor perception of NAT qualities is an important aspect of clinical instructor training.

### **Perceived Qualities of an Effective Clinical Instructor**

Participants identified “characteristics of effective clinical instructors” as the topic of greatest interest. Seventy-seven percent (N=17) of participants expressed interest in this topic. Participants identified calmness during times of stress, communication skills, and clinical competence as qualities of excellent clinical instructors. Interestingly, the topic of characteristics of effective clinical instructors is the subject of ongoing research in nurse anesthesia clinical instruction for the past 30 years. The review of the literature demonstrates that CRNA clinical instructors and NATs both value calmness during times of stress and clinical competence as an important qualities of an effective clinical instructor (Smith, et al, 2011). As such, the findings of this project support previous research on perceived qualities of effective clinical instructors. A future educational program that emphasizes and

encourages these qualities would meet the needs of the CRNA clinical instructor, and potentially those of the NAT as well, since both groups value those qualities.

### **Limitations**

This project focused on one specific, small sample of CRNA clinical instructors in one department of anesthesia. This sample of 22 CRNA clinical instructors was 86.4 % female, which differs from the nation gender distribution of 58% female and 42% are male. These aspects may make this project's results difficult to generalize to the overall population of CRNA clinical instructors. However, the age and experience of this project's sample were representative of national demographics of CRNAs.

Many of the CRNA clinical instructors in this project's target population are alumni of the school of nurse anesthesia affiliated with the health care system. This connection of the CRNA clinical instructors with the NATs under their supervision has the potential to create bias. Because most of the participants work with NATs, and many are alumni of the health system's program, they may be more likely to report willingness to participate in clinical instructor training by virtue of their current involvement with NATs. This may also make the results difficult to generalize to all CRNAs, and even to all CRNA clinical instructors.

The author of this project works regularly with the anesthesia department's CRNA clinical instructors and NATs in her current role as Assistant Director of the school of nurse anesthesia. The relationship of the author with the CRNA clinical instructors and NATs is an obvious source of potential bias. To mitigate conflict of

interest, the author maintained minimal face-to-face communication with CRNA clinical instructors during the time of data collection. In addition, at no time were the status or details of the project discussed with any NAT or CRNA clinical instructor.

This project utilized an original needs assessment survey instrument designed by the researcher based on an extensive literature review and previously published needs assessments. Survey questions yielded frequency data, but were not amenable to extensive, more powerful statistical tests. Re-wording of the survey to include Likert-type scales is recommended to allow more extensive statistical analysis.

### **Ethical Considerations**

The NorthShore Nursing Research Council, the Institutional Review Board (IRB) of NorthShore University HealthSystem, and the IRB of DePaul University approved this project. In addition, the project had the support of Dr. Jeffrey Vender; the Chairman of the NorthShore University HealthSystem Department of Anesthesia at the time the study was proposed and conducted (Appendix C). The researcher completed CITI (Collaborative Institutional Training Initiative) training prior to implementing this project. CITI training certification can be found in Appendix B. This project posed minimal risk to its participants. NorthShore University HealthSystem Department of Anesthesia CRNA clinical instructors work with NorthShore School of Nurse Anesthesia NATs as part of their daily work routine. Voluntary participants experienced no benefit by participating in the survey, nor did any negative consequence result from refusal to participate. Consent to participate

was implicit upon clicking the secure link to the survey. The survey contained three basic demographic questions that did not solicit identifiable information, and 18 questions about working with NATs. The questions about working with NATs were topics that CRNA clinical instructors typically encounter in the course of their normal workflow.

Participants received an email with a secure link to an electronic survey created using Qualtrics. Qualtrics issued each participant an identifying code in order to organize the data. The researcher did not have access to the codes issued. Settings on the survey were selected such that email and IP address of the subjects were not collected or able to be identified. Data was kept by the password protected Qualtrics website accessed by secure computers at the residence and workplace of the researcher. Data was reported as aggregate.

### **Future Recommendations**

#### **Proposed Educational Program for CRNA Clinical Instructors**

The findings from this project's needs assessment provided the platform for a future educational program for CRNA clinical instructors. An outline of the proposed educational program based on this project's findings can be found in Appendix F. Based on the information gleaned from the Learning Needs Assessment of CRNA Clinical Instructors, future educational modules can be developed that target the areas identified by the project's participants.

Because the participants identified on-line learning and focus groups as their preferred method of instruction, the proposed program would consist of six



modules: three online and three focus groups. The modules each consist of content identified by project's participants.

The three online modules will each address one topic of interest and one challenge identified by the participants. The first module will address learning styles of nurse anesthesia trainees and stress associated with clinical instruction. The second online module will address motivating and challenging nurse anesthesia trainees to enhance performance and time pressure associated with clinical instruction. The third online module will address characteristics of effective clinical instructors and distraction from patient care associated with clinical instruction.

The three focus group modules will address topics of interest to the participants that lend themselves best to group discussion. The course developer will facilitate the focus groups. The first of the focus groups will address providing feedback to nurse anesthesia trainees. In the setting of the focus group, participants will have the opportunity to practice providing feedback with other participants. The second focus group will address remediation issues. The focus group will discuss remediation situations and collaborate on remediation approaches. The third focus group will address qualities of nurse anesthesia trainees that make them unique learners, and that can present a challenge to clinical instructors.

The online learning modules and the focus groups will be designed for a 60-minute time frame. The program developer can obtain Prior Approval for CEs from the AANA and will offer one CE for each module. Modules may be taken individually or as a series. A short quiz will be offered at the end of each module for the participants to demonstrate content mastery. Completion of the quiz will be

optional for participants, but required to meet criteria for AANA Class A CE credits. Participants who do not take the quiz can still claim Class B CE credits. Each module will be followed by an evaluation that will allow participants to provide feedback to the course developer.

### **Continued Research**

Because the needs assessment survey designed for this project addresses several common themes, its' results could be used by future DNP students to develop additional educational modules. The needs assessment survey for this project focuses on a specific target population; however it could be adapted for applications to larger populations in the future. It is possible that a similar needs assessment performed on a different population may yield different results, with participants identifying other topics of interest and challenges not identified by participants in this project. In that case, educational modules could be constructed to meet the needs of that population. In addition, the needs assessment survey used in this project was intended to cover a broad range of information. Future projects could have a narrower focus on more highly specified content.

### **Conclusion**

The gap between didactic content and theory and clinical practice is well documented in both nursing and other healthcare fields. CRNA clinical instructors are experienced clinicians who lack formal training in clinical instruction. The Learning Needs Assessment of CRNA Clinical Instructors indicated that the instructors are willing to participate in clinical instructor training. The Learning Needs Assessment survey conducted in this project elucidated topics of interest and

challenges faced by CRNA clinical instructors. Based on the results of the needs assessment, an educational program that meets the identified needs of this group of CRNA clinical instructors is proposed. The program may serve as a means to support CRNA clinical instructors who have had little background in clinical education. The proposed educational program may also be an effective method of bridging the gap between didactic knowledge and clinical practice.

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**Appendix A: Needs Assessment Survey**

## Certified Registered Nurse Anesthetist Clinical Instructor Needs Assessment

Q1 How many years have you been a CRNA?

- ☐ 1-3 years (1)
- ☐ 4-6 years (2)
- ☐ 7-10 years (3)
- ☐ More than 10 years (4)

Q2 What is your current age?

- ☐ 25-34 (1)
- ☐ 35-44 (2)
- ☐ 45-54 (3)
- ☐ 55-64 (4)
- ☐ 65 or above (5)

Q3 What is your gender?

- ☐ Male (5)
- ☐ Female (6)

Q4 Do you work with Nurse Anesthesia Trainees as part of your work as a CRNA?

- ☐ Yes (4)
- ☐ No (5)

Q5 How often do you work with Nurse Anesthesia Trainees?

- ☐ Never (11)
- ☐ Less than Once a Month (12)
- ☐ Once a Month (13)
- ☐ 2-3 Times a Month (14)
- ☐ Once a Week (15)
- ☐ 2-3 Times a Week (16)
- ☐ Daily (17)

Q6 Do you ever volunteer to work with Nurse Anesthesia Trainees?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Sometimes (3)

Q7 Are you able to refuse to work with Nurse Anesthesia Trainees?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Sometimes (3)



Q8 Did you receive any training on being a clinical educator in your current position?

- ☐ Yes (1)
- ☐ No (2)

Q9 Did you receive any training on being a clinical educator while in anesthesia school?

- ☐ Yes (1)
- ☐ No (2)

Q10 Would you be interested in participating in clinical instructor training?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Maybe (3)

Q11 How likely would you be to participate in clinical instructor training?

- ☐ Very Unlikely (1)
- ☐ Unlikely (2)
- ☐ Undecided (3)
- ☐ Likely (4)
- ☐ Very Likely (5)

Q12 How likely would you be to participate in on-line clinical instructor training?

- ☐ Very Unlikely (1)
- ☐ Unlikely (2)
- ☐ Undecided (3)
- ☐ Likely (4)
- ☐ Very Likely (5)

Q13 How likely would you be to participate in a 1 hour in-person clinical instructor training session?

- ☐ Very Unlikely (22)
- ☐ Unlikely (23)
- ☐ Undecided (24)
- ☐ Likely (25)
- ☐ Very Likely (26)

Q14 How likely would you be to attend a focus group on clinical instructor training?

- ☐ Very Unlikely (24)
- ☐ Unlikely (25)
- ☐ Undecided (26)
- ☐ Likely (27)
- ☐ Very Likely (28)

Q15 How likely would you be to participate in clinical instructor training if Continuing Education Credits were offered?

- ☐ Very Unlikely (1)
- ☐ Unlikely (2)
- ☐ Undecided (3)
- ☐ Likely (4)
- ☐ Very Likely (5)

Q16 Which of the following topics might you be interested in learning more about? Check all that apply.

- ☐ Generational differences between student and instructor (1)
- ☐ Learning styles of nurse anesthesia trainees (2)
- ☐ Characteristics of excellent clinical instructors (3)
- ☐ Motivating and challenging trainees to enhance performance (4)
- ☐ Providing feedback (5)
- ☐ Debriefing after the clinical day (6)
- ☐ Remediation issues with struggling trainee (7)
- ☐ Key clinical policies and procedures (9)
- ☐ Meeting employment responsibilities while effectively educating trainees (12)
- ☐ I am not interested in any of these topics (11)
- ☐ Other (10) \_\_\_\_\_

Q17 What challenges do you currently face as a clinical instructor? Check all that apply.

- ☐ None (1)
- ☐ Distraction from patient care (2)
- ☐ Stress (3)
- ☐ Burnout (4)
- ☐ Time pressure (5)
- ☐ Lack of appreciation (7)
- ☐ Unclear expectations (9)
- ☐ Decreased productivity (10)
- ☐ Increased workload (11)
- ☐ Lack of support (12)
- ☐ Other (8) \_\_\_\_\_

Q18 How do you currently assess the needs of the Nurse Anesthesia Trainee (NAT)?

Check all that apply.

- ☐ Ask the NAT (1)
- ☐ Ask other CRNAs about the NAT (2)
- ☐ Ask the Clinical Coordinator (3)
- ☐ Ask the school (4)
- ☐ Watch their performance in the clinical setting (5)
- ☐ Other (6) \_\_\_\_\_

Q19 Do your teaching strategies differ based on age of the Nurse Anesthesia Trainee?

- ☐ Not at all (1)
- ☐ Somewhat (2)
- ☐ Significantly (3)
- ☐ Not Sure (4)

Q20 In your experience working with Nurse Anesthesia Trainees, how are these learners unique? Check all that apply.

- ☐ Life experience (1)
- ☐ Rigid (2)
- ☐ More flexible (3)
- ☐ Strong sense of self (4)
- ☐ Multi-taskers (5)
- ☐ Outside commitments (6)
- ☐ Other (7) \_\_\_\_\_

Q21 What qualities make an effective clinical instructor? Check all that apply.

- ☐ Calm during times of stress (1)
- ☐ Empathy/respect (2)
- ☐ Communication skills (3)
- ☐ Sense of humor (4)
- ☐ Clinical competence (6)
- ☐ Use of student care plans (7)
- ☐ Scholarly teaching/knowledge (8)
- ☐ Evaluation/counseling (9)
- ☐ Motivates students (10)
- ☐ Other (5) \_\_\_\_\_

## Appendix B: Training Verification

### CITI Training Certificate of Completion

#### COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COURSEWORK REQUIREMENTS REPORT\*

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Karen Kapanke (ID: 3511329)
- **Email:** kkapanke@northshore.org
- **Institution Affiliation:** NorthShore University HealthSystem Research Institute - Evanston, IL (ID: 1050)
- **Institution Unit:** School of Nurse Anesthesia
- **Phone:** 8475703165
  
- **Curriculum Group:** Basic/Refresher Course - Human Subjects Research
- **Course Learner Group:** Biomedical Research
- **Stage:** Stage 2 - Refresher Course
  
- **Report ID:** 16830900
- **Completion Date:** 08/05/2015
- **Expiration Date:** 08/04/2017
- **Minimum Passing:** 80
- **Reported Score\*:** 100

#### REQUIRED AND ELECTIVE MODULES ONLY

	DATE COMPLETED
Biomed Refresher 2 - Instructions (ID:764)	08/05/15
Biomed Refresher 2 - History and Ethical Principles (ID:511)	08/05/15
Biomed Refresher 2 - Regulations and Process (ID:512)	08/05/15
Biomed Refresher 2 - Informed Consent (ID:514)	08/05/15
Biomed Refresher 2 - SBR Methodologies in Biomedical Research (ID:515)	08/05/15
Biomed Refresher 2 - Genetics Research (ID:518)	08/05/15
Biomed Refresher 2 - Records-Based Research (ID:516)	08/05/15
Biomed Refresher 2 - Populations in Research Requiring Additional Considerations and/or Protections (ID:519)	08/05/15
Biomed Refresher 2 - Vulnerable Subjects - Prisoners (ID:520)	08/05/15
Biomed Refresher 2 - Vulnerable Subjects - Children (ID:521)	08/05/15
Biomed Refresher 2 - Vulnerable Subjects - Pregnant Women, Human Fetuses, Neonates (ID:522)	08/05/15
Biomed Refresher 2 - FDA-Regulated Research (ID:524)	08/05/15
Biomed Refresher 2 - HIPAA and Human Subjects Research (ID:526)	08/05/15
Biomed Refresher 2 - Conflicts of Interest in Research Involving Human Subjects (ID:681)	08/05/15
How to Complete the CITI Refresher Course and Receive a Completion Report (ID:922)	08/05/15
NorthShore University HealthSystem (ID:12615)	08/05/15
NorthShore University HealthSystem Research Institute: Roles and Responsibilities of the Research Team (ID:12713)	08/05/15
NorthShore University HealthSystem Research Institute: Forms and Processes (ID:12714)	08/05/15

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

#### CITI Program

Email: [citisupport@miami.edu](mailto:citisupport@miami.edu)

Phone: 305-243-7970

Web: <https://www.citiprogram.org>

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)**  
**COURSEWORK REQUIREMENTS REPORT\***

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Karen Kapanke (ID: 3511329)
- **Email:** kkanpanke@northshore.org
- **Institution Affiliation:** NorthShore University HealthSystem Research Institute - Evanston, IL (ID: 1050)
- **Institution Unit:** School of Nurse Anesthesia
- **Phone:** 8475703165
  
- **Curriculum Group:** Basic/Refresher Course - Human Subjects Research
- **Course Learner Group:** Biomedical Research
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REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED
Biomed Refresher 2 - Instructions (ID:764)	08/05/15
Biomed Refresher 2 – History and Ethical Principles (ID:511)	08/05/15
Biomed Refresher 2 – Regulations and Process (ID:512)	08/05/15
Biomed Refresher 2 – Informed Consent (ID:514)	08/05/15
Biomed Refresher 2 – SBR Methodologies in Biomedical Research (ID:515)	08/05/15
Biomed Refresher 2 – Genetics Research (ID:518)	08/05/15
Biomed Refresher 2 – Records-Based Research (ID:516)	08/05/15
Biomed Refresher 2 - Populations in Research Requiring Additional Considerations and/or Protections (ID:519)	08/05/15
Biomed Refresher 2 – Vulnerable Subjects – Prisoners (ID:520)	08/05/15
Biomed Refresher 2 – Vulnerable Subjects – Children (ID:521)	08/05/15
Biomed Refresher 2 – Vulnerable Subjects – Pregnant Women, Human Fetuses, Neonates (ID:522)	08/05/15
Biomed Refresher 2 – FDA-Regulated Research (ID:524)	08/05/15
Biomed Refresher 2 – HIPAA and Human Subjects Research (ID:526)	08/05/15
Biomed Refresher 2 – Conflicts of Interest in Research Involving Human Subjects (ID:681)	08/05/15
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For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

**CITI Program**

Email: [citisupport@miami.edu](mailto:citisupport@miami.edu)

Phone: 305-243-7970

Web: <https://www.citiprogram.org>

## NorthShore FCOI Certificate of Completion



**Appendix C: Supporting Documents****DNP Committee Approval Form**

DePaul University  
School of Nursing  
Doctor of Nursing Practice Program

**Evidence-based Scholarly Leadership Project Committee Form**

Directions: Follow the guidelines for selection of the Evidence-Based Scholarly Leadership Project Committee described in the DNP Project Guideline. The student(s) should submit this form to the DNP Program Director after all signatures of the DNP project Committee are obtained.

Doctoral Student Name(s): Karen Kapanke CRNA, MS

The DNP Project Topic: Education Needs of the CRNA Clinical Instructor

**DNP Project Committee:**

The following persons have agreed to serve on the DNP project committee of the candidate(s) named above:

<u>Bernadette Roche</u> Chairperson (printed)	<u>Bernadette Roche</u> Signature	<u>5/28/13</u> Date
<u>Amelia Schwartz</u> Member (printed)	<u>Amelia Schwartz</u> Signature	<u>8/28/13</u> Date
<u>Karen K. Kapanke</u> Member (printed)	<u>Karen K. Kapanke</u> Signature	<u>08/28/13</u> Date
_____ Member (printed)	_____ Signature	_____ Date

**Reviewed and Approved by:**

<u>Ronald Graf</u> DNP Program Director (printed)	<u>Ronald Graf</u> Signature	<u>08/28/13</u> Date
--	---------------------------------	-------------------------

Copy: Student File  
Copy: Chairperson  
Copy: Nursing Office  
Copy: Student

### Faculty Letter of Support

Dear Susan,

I have reviewed Karen Kapanke's completed application. I certify that she is knowledgeable about the regulations and policies governing research with human subjects. Furthermore, she has sufficient training and experience to conduct this particular study. I agree to meet with the student on a regular basis to monitor the study progress. I also agree to be available if problems arise during the course of the study. As faculty sponsor, I certify that the proposed methods are consistent with federal guidelines regarding human subjects' protection, and I will ensure the student will promptly report significant or untoward adverse effects to the DePaul University IRB in a timely manner.

Sincerely,



Bernadette T. Roche, CRNA, EdD  
Adjunct Associate Professor, DePaul University  
Faculty, NorthShore University HealthSystem  
School of Nurse Anesthesia  
2650 Ridge, Ste G603C  
Evanston, IL 60201  
Phone: 847-570-1969  
Fax: 847-733-5868



**Department Chair Letter of Support****Medical Group**

**Jeffery S. Vender, MD, FCCM, FCCP, MBA**  
Department of Anesthesiology

Harris Family Foundation Chairman  
Department of Anesthesiology  
Clinical Professor of Anesthesia  
2650 Ridge Avenue  
Evanston, IL 60201

(847) 570-2760  
(847) 570-2921 Fax

June 6, 2014

Dear Sir or Madam,

I have reviewed DePaul University student Karen Kapanke's completed application for the DNP Scholarly Leadership Project titled "Learning Needs Assessment of Certified Nurse Anesthetist Clinical Instructors". Furthermore, she has sufficient training and experience to conduct this particular study. As the NorthShore University HealthSystem Department of Anesthesia Chairman, I approve and support this Scholarly Leadership Project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffery S. Vender', written over a horizontal line.

Jeffery S. Vender, MD

## **Appendix D: Information Sheet for Participation in Survey**

### **Student Survey**

#### **"Learning Needs Assessment of Certified Registered Nurse Anesthetists"**

**Karen Kapanke CRNA, MS**  
**DePaul University & NorthShore University HealthSystem School of Nurse Anesthesia**

**Dr. Bernadette Roche, CRNA, EdD**  
**Faculty, NorthShore University HealthSystem School of Nurse Anesthesia**

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#### **Learning Needs Assessment of Certified Registered Nurse Anesthetist (CRNA) Clinical Instructors**

Principal Investigator: Karen Kapanke CRNA, MS; DNP Candidate

Institution: NorthShore University Health System, Evanston Hospital / DePaul University, USA

Faculty Advisor: Bernadette Roche CRNA, EdD; North NorthShore University HealthSystem School of Nurse Anesthesia

We are conducting a research study because we are trying to learn more about the needs of CRNA clinical instructors in the NorthShore University HealthSystem Department of Anesthesia. We are asking you to participate in this research because you are a CRNA in the NorthShore University HealthSystem Department of Anesthesia. If you agree to be in this study, you will be asked to complete an electronic, anonymous questionnaire. The questionnaire will include questions aimed at determining your learning needs as a CRNA clinical instructor. We will also collect some personal information about you such as your age, and how many years you've been in practice. This questionnaire is electronic and will be completed online. If there is a question you do not want to answer, you may skip it.

This study will take approximately 10 minutes of your time. Your information will be anonymous.

Your participation is voluntary, which means you can choose not to participate. There will be no negative consequences if you decide not to participate or change your mind later after you being the study. You can withdraw your participation at any time prior to submitting the questionnaire. If you change your mind later while answering the questionnaire, you may simply exit it. Once you submit your responses, we will be unable to remove your data later from the study because all data is anonymous and we will not know which data belongs to you.

If you have questions, concerns, or complaints about this study or you want to get additional information or provide input about this research, please contact Karen Kapanke CRNA, MS at [kkapanke@northshore.org](mailto:kkapanke@northshore.org), or Dr. Bernadette Roche at [Broche@northshore.org](mailto:Broche@northshore.org).

If you have any questions about your rights as a research subject, you may contact Susan Loess-Perez, DePaul University's Director of Research Compliance in the Office of Research Services at 312-362-7593 or by email at [sloesspe@depaul.edu](mailto:sloesspe@depaul.edu). You may also contact the Chairperson of the Institutional Review Board (IRB) of NorthShore University HealthSystem. You can also call the NorthShore IRB Coordinators at 224-364-7100.

You may also contact either DePaul or NorthShore if:

- Your questions, concerns, or complaints are not being answered by the research team
- You cannot reach the research team
- You want to talk to someone besides the research team

You may keep (or print) this information for your records

Please click on the link below to complete the questionnaire

*Link to survey inserted here*

Thank you,  
Karen Kapanke CRNA, MS  
Principal Investigator  
Dr. Bernadette Roche, CRNA, EdD  
Faculty Advisor

**Appendix E: IRB Approval Letters****NorthShore NRC Approval****Nursing Research Council  
Research Protocol Sub-Council**

9/2/15

Karen Kapanke, CRNA, MS  
Learning Needs Assessment of CRNA Clinical Instructors

Dear Karen,

Congratulations, your proposal referenced above, has been approved by the NRC Research Protocol Sub-Council.

You may proceed with the IRB submission process.

Please continue to follow the "General Guidelines for Nursing Research".

Your project will require a Period Progress Report be submitted to the IRB when your proposal is up for renewal. Typically, The IRB grants one year approvals for projects but under certain circumstances a short or longer renewal period may be granted. *The IRB will not be sending out a notice when your Progress Report is due therefore, you must keep track of the date when the report is due.* Please contact Nancy Rodriguez, Vida Vizgirda, or Sue Wolf to assist you with this mandatory paperwork.

The NRC-RP group enjoyed assisting you with your proposal. We are very interested in your findings. Please contact me when you have answered your research question. You may either present your results in person or send them to me and I will share them with the council.

Good luck with your research,

The NorthShore Nursing Research Council

Cc:  
Vida Vizgirda APN PhD JD  
Nancy Rodriguez APN PhD  
(Ilene) Sue Wolf RNC CCRP

## NorthShore IRB Approval



### Research Institute

1001 University Place  
Evanston, Illinois 60201  
www.northshore.org  
Phone (224) 364-7100  
Fax (847) 570-8011

October 19, 2015

Karen Kapanke, C.R.N.A., M.S.  
Department of School of Nurse Anesthesia  
2650 Ridge Ave.  
Evanston IL 60201

Re: EH15-372: Kapanke, Karen C.R.N.A., M.S.: Learning Needs Assessment of CRNA Clinical Instructors  
*Summer 2015*

Dear Ms. Kapanke:

Your project, referenced above, has been reviewed in the Research Institute and by a member of the First Friday Institutional Review Board (IRB) of NorthShore University HealthSystem. The Study qualifies for expedited review because the research involves materials that have been collected, or will be collected, solely for non-research purposes (45 CFR 46.110, Category 5).

The project was reviewed in accordance with the Code of Federal Regulations (45 CFR 46 - as revised and 21 CFR 50, 56, as applicable). The NorthShore University HealthSystem Institutional Review Board has an approved assurance of compliance with OHRP which covers this activity (Federal Wide Assurance: FWA00003000). This project was approved by expedited review on the date of this letter, and has approval through **10/18/2016**.

Your request for a waiver of documentation of consent has been granted since the study poses no more than minimal risk, the waiver does not involve no procedures for which written consent is normally required outside the research context. (45 CFR 46.117 (c) (2)).

Your project will be reviewed at least once per year. A Progress Report Form (RI-5.0) will be **due** in the Research Institute **no later than 45 days prior** to the above expiration date. **Changes in the experimental protocol must not occur without prior approval of the IRB.** Unanticipated problems must be reported to the IRB. If this project is terminated before its next Review, please submit a Termination Report Form (RI-5.1) to the Research Institute.

Thank you for submitting this project.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Izabela Wozniak', written over a horizontal line.

Izabela Wozniak, Pharm.D.  
Vice-Chair, Institutional Review Board

/dyc

cc: Jeffery Vender, M.D.  
Robert Stanton, J.D.  
Bernadette Roche, CRNA

**DePaul IRB Approval****DEPAUL  
UNIVERSITY**

Office of Research Services  
Institutional Review Board  
1 East Jackson Boulevard  
Chicago, Illinois 60604-2201  
312-362-7593  
Fax: 312-362-7574

Research Involving Human Subjects

**NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION**

**To:** Karen Kapanke, MS, Graduate Student, School of Nursing

**Date:** December 9, 2015

**Re:** Research Protocol #KK111115NUR  
“Learning Needs Assessment of CRNA Clinical Instructors”

---

Please review the following important information about the review of your proposed research activity.

Review Details

This submission is an initial submission.

Your research project meets the criteria for Exempt review under 45 CFR 46.101 under the following category:

*(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:*  
*(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.*

Approval Details

Your initial submission was originally reviewed on November 23, 2015 and revisions were requested. The revisions you submitted on December 8, 2015 were reviewed and approved on December 9, 2015.

**Number of approved participants:** 62 Total

***You should not exceed this total number of subjects without prospectively submitting an amendment to the IRB requesting an increase in subject number.***

**Funding Source:** 1) None

**Approved Performance sites:** 1) DePaul University, NorthShore University HealthSystem  
Department of Anesthesia Evanston, IL.

Reminders

**Appendix F: Sample Outline****Educational Program for CRNA Clinical Instructors****I. Online Learning Modules****A. Module 1**

1. Learning styles of nurse anesthesia trainees
2. Stress associated with clinical instruction

**B. Module 2**

1. Motivating and challenging nurse anesthesia trainees
2. Time pressure associated with clinical instruction

**C. Module 3**

1. Characteristics of effective clinical instructors
2. Distraction from patient care associated with clinical instruction

**II. Focus Group Modules****A. Module 4: Providing Feedback**

1. Practice with providing feedback

**B. Module 5: Remediation**

1. Discussion of challenging situations

**C. Module 6: Qualities of nurse anesthesia trainees**

1. What qualities present challenges?
2. What qualities make these learners unique?

**III. Evaluation****A. Post-test to evaluate learner knowledge**

1. 10-item content quiz
2. Eligible for Class a Continuing Education (CE) credits through AANA.
  - a. Course developer obtains AANA Class a Credits Prior Approval

**B. Course Evaluation**

1. 5-item evaluation for feedback and future course development
2. Open-text section for comments